

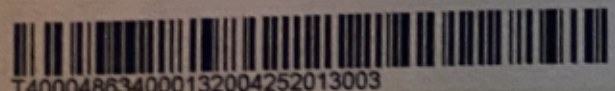


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Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 18a.)					
Province <u>Cebu</u>			Registration No. <u>99-27967</u>		
City/Municipality <u>Cebu City</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>Erica Cassandra Labonite Hisoler</u>		Per-Child (Last Name) <u>Hisoler</u>		
	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>31 Oct. 1999</u>		To-Child (Last Name) <u>Hisoler</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>UCMA, Leguardia, Lahug, Cebu City, Cebu</u>		To-Child (Last Name) <u>Hisoler</u>		
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin <u> </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1. First <u> </u> 2. Second <u> </u> 3. Others, Specify <u> </u>		To-Child (Last Name) <u>Hisoler</u>
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>4th</u>		d. WEIGHT AT BIRTH <u>3,200</u> grams		To-Child (Last Name) <u>Hisoler</u>
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Rebecca Delphine Labonite</u>		To-Child (Last Name) <u>Labonite</u>		
	7. CITIZENSHIP <u>Pil.</u>		8. RELIGION <u>R.C.</u>		To-Child (Last Name) <u>Labonite</u>
	9a. Total number of children born alive: <u>4</u>	b. No. of children still living including this birth: <u>4</u>	c. No. of children born alive but are now dead: <u>0</u>		To-Child (Last Name) <u>Labonite</u>
	10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>35</u> years		To-Child (Last Name) <u>Labonite</u>
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>UCMA, Leguardia, Lahug, Cebu City, Cebu</u>		To-Child (Last Name) <u>Labonite</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>Eral Castro Hisoler</u>		To-Child (Last Name) <u>Hisoler</u>		
	14. CITIZENSHIP <u>Pil.</u>		15. RELIGION <u>R.C.</u>		To-Child (Last Name) <u>Hisoler</u>
	16. OCCUPATION <u>Driver</u>		17. Age at the time of this birth: <u>27</u> years		To-Child (Last Name) <u>Hisoler</u>
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Jan. 21, 1995 - Toledo City, Cebu</u>		To-Child (Last Name) <u>Hisoler</u>		
	19a. ATTENDANT <u>X</u> 1 Physician <u> </u> 2 Nurse <u>X</u> 3 Midwife <u> </u> 4 Healer (Traditional Midwife) <u> </u> 5 Others (Specify) <u> </u>		To-Child (Last Name) <u>Hisoler</u>		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:00 AM</u> on the <u>31st</u> day of <u>October</u> 19 <u>99</u> .		To-Child (Last Name) <u>Hisoler</u>			
Signature <u>[Signature]</u> Name in Print <u>D.T. Matildo</u> Title or Position <u>PHH</u>		Address <u>C/o Lahug H.U. Cebu City</u> Date <u>Oct. 31, 1999</u>		To-Child (Last Name) <u>Hisoler</u>	
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>Rebecca Hisoler</u> Relationship to the child <u>Mother</u>		Address <u>UCMA, Leguardia, Lahug, Cebu City</u> Date <u>Oct. 31, 1999</u>		To-Child (Last Name) <u>Hisoler</u>	
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>D.T. Matildo</u> Title or Position <u>PHH</u> Date <u>Oct. 31, 1999</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>[Name]</u> Title or Position <u>[Title]</u> Date <u>NOV 15 1999</u>		To-Child (Last Name) <u>Hisoler</u>	

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